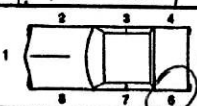
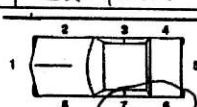


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO																																																			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																																																	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH		12/20/15		DAY		SUN		TIME		1456																																									
CRASH OCCURRED ON												209 W. Main Street				WITHIN THE INTERSECTION OF																																															
IF NOT IN INTERSECTION												MILES				FEET				W N E OF				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE																																			
LOG-1		LOG-2		LOC		JUR		FH9		FILT																																																					
A		UNIT NO		1		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Progressive																																			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)												Hite, Gene William												ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)												266 Water Ridge Ct. Maineville, OH 45039																											
PHONE NO				513-965-1491				BIRTH DATE				09/12/53				AGE				62				SEX				M				SOCIAL SECURITY NO								STATE				OH				DRIVER'S LICENSE NO				RS448621				OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME)												Hite, Jayma												ADDRESS												266 Water Ridge Ct. Maineville, OH												PHONE				513-965-1491											
VEH YR		2003		MAKE		Mercury		MODEL		Sable		COLOR		Gray		STYLE		45		STATE		OH		LICENSE PLATE NO		DWG 4878		TOWING SERVICE				VEH/PED DIR		FROM N TO S																													
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																																					
8		UNIT NO		2		NO OF OCCUPANTS		0		OPERATING		<input type="checkbox"/>		PARKED		<input checked="" type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON-CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Cincinnati Insur.																																			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)																								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																																							
PHONE NO								BIRTH DATE								AGE								SEX								SOCIAL SECURITY NO.								STATE								DRIVER'S LICENSE NO.								OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME)												Gutermuth, Eugene												ADDRESS												930 Carson Dr. Lebanon, OH												PHONE				513-378-6861											
VEH YR		2004		MAKE		Chrysler		MODEL		PT cruiser		COLOR		Blk		STYLE		SW		STATE		OH		LICENSE PLATE NO.		E0F 3042		TOWING SERVICE				VEH/PED DIR		FROM E TO W																													
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																																					
C		FROM UNIT NO				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				POSITION		A B C D E F		INJURIES		A B C D E F																																			
D		FROM UNIT NO				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				P-PEDESTRIAN		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED																																					
E		FROM UNIT NO				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				P-PEDESTRIAN		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		CONDITION		A B C D E F																																			
F		FROM UNIT NO				NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				P-PEDESTRIAN		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		CONDITION		A B C D E F																																			
A		B		C		INJURED TAKEN TO				By												RESTRAINTS		A B C D E F		ALCOHOL		A B C D E F																																			
D		E		F		INJURED TAKEN TO				By												1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		TESTED		A B C D E F																																			
A		B		C		OFFENSE CHARGED AND DESCRIPTION				By												EJECTION		A B C D E F		DRUGS		A B C D E F																																			
O		B		C		OFFENSE CHARGED AND DESCRIPTION				By												1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG		TESTED		A B C D E F																																			
RECEIVED CALL		1456		DISPATCHED		1459		ARRIVED		1500		CLEARED		1511		OTHER TIME		15		TOTAL MINUTES		26																																									
DATE REPORT FILED		12/20/15		PHOTOS		YES		OFFICER'S NAME		P.H. C. Brock		BADGE NO.		126		CHECKED BY																																															

2015-22009